## **ATCC**°

## **BUDAPEST TREATY DEPOSIT FORM (BP/1)**

American Type Culture Collection

P.O. Box 1549 Manassas, VA 20108

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF A PATENT PROCEDURE

## ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED.

1.	Name of deposit. Please mark the appropriate box and provide the information requested for the material:
	☐ Microorganism — the complete scientific name including genus and species plus the source of the material☐ Virus — the name, whether plant or animal, and source including geographic location☐ Cell line — the species and tissue of origin, geographical source of isolation, and any known associated hazards (HIV, EBV,
	etc.)  Genetic material – the name of organism from which vector, clone or library is derived, the source of the DNA insert identified by species (e.g., human, mouse) or scientific name, the name of gene, and the identity of the host organism  Consortia or mixed culture – the identity of each component of the mixture
	O Seeds, embryos, insect eggs, etc the common name, the scientific name of the source of the deposit, and geographical
	HIBRIDONA . FOR MATRANSGENIC HICE INTROVIGED WITH MAMMALIAN
	EXPRESSED EXTRACTIONAR PORTION OF HEARING. LYMPHOCYTES FROM THE IMMUNISE
	MICE KERE FUGED WITH HILT MYELDHA CELLS TO IMMORTALIZE THEM.
2.	Strain designation* (i.e., number, symbols, etc). 1F2 *The strain designation must correspond with the vial labels.
3.	Is this an original deposit under the Budapest Treaty? Ves DNo
4.	Is this a request for a conversion of a deposit already at the ATCC to meet the requirements of the Budapest Treaty? □ Yes   0/No
	If yes, please indicate ATCC designation.
5.	Is this deposit a mixture of microorganisms or cells?   Yes No If yes, please describe:
6.	Provide details necessary to cultivate, test for viability and store the deposit. If a mixture, provide description of components and a
•	method to check for presence. If a plasmid, provide name of host and antibiotic resistance.
	DUBECTO'S MODIFIED FAGLE MEDIUM SUPPLEMENTED WITH 15% FETAL CALF SFRUM, 2 MM GUITANINE AND SOUD/MIGENTAHION. CELLS HAVE BEEN FROZEN
	10-10 GOD / VIAL) IN FETALCALF SERVH CONTAINING 10% DINSO AND
(	DIACED IN LIBUID NITROGEN.
7.	the state of the s
	ADHERENT CEUS
	a Us deposit is a cell culture is it being cultured in the presence of antibiotics? Vives O No
	If yes, please list the antibiotics: GENTAMICIA (50 (4) ml)
	b. If deposit is a hybridoma, what is the isotype of the antibody produced?
8.	Safety: Is this strain hazardous to humans? NO Animals? NO Plants? NO
	if yes, what is the recommended biosafety level for working with this strain?
	(Refer to 8/osafety in Microbiological and Biomedical Laboratories, 4th ed, HHS Publication No. (CDC) 93-8395, U.S. Department of Health and Human Services, Centers for Disease Control. Washington, DC: U.S. Government Printing Office; 1999. The entire text is available online at <a href="https://www.cdc.gov/gd/ohs/biosfty/bmb/4/ombi4toc.htm">www.cdc.gov/gd/ohs/biosfty/bmb/4/ombi4toc.htm</a> .)

Form No. PTF001.00, effective 4/8/03

Page 1 of 3

9.	Re	gulatory Compliance:								
	a.	Was the material derived from a human? ☐ Yes No If yes, was an IRB-approved consent form (human subjects) obtained? ☐ Yes ☐ No								
	b.	b. Was this material obtained from wildlife?   Yes No If yes, please indicate genus and species and whether wild or captive bred.								
	Ċ.	Is work performed at your facility with exotic viruses affecting livestock and avian species?								
10	d.	Identify any reagents of animal origin used to cultivate this organism/cell line (serum, growth factors, trypsin, etc.) and manufacturer, if known: FETAL BOYLNE SERUM CERTIFIED. ORIGIN: UNITED STATES.  TROCHRISHA VIRUS BACTERIOPHAGE AND ENDOTOXIN TESTED (IN VITROGEN) CORPORATION).  allability:								
10.	Pric	Prior to issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent Patent Office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:								
	a. As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes, there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued.									
	<ul> <li>As of the date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requesters that satisfy Patent Offices in countries not signatory to the Budapest Treaty?</li> <li>D Yes</li> <li>No</li> </ul>									
	Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty, and your deposit has already been released for distribution due to the issuance of a U.S. Patent, you cannot restrict it from further distribution. After a U.S. Patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under U.S. Patent and Trademark Office (USPTO) Rules and Regulations (37 CFR 1.808 [a][2]).									
11.		ification: ATCC will notify you of your ATCC number after viability of the deposit has been confirmed.								
	Name of individual to notify: Toseph E. Rangot									
	Name of individual to notify: Toseph E. Panigot  Fax 301-251-532   Phone: 301-354-0686   E-mail: Panigot   @ macrogenics.com									
12.	Pav	Payment by check or credit card (MasterCard, VISA or American Express) must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts purchase orders for the exact amount.								
	Pur	chase Order No Check No								
	Cre	dit Card number								
	Ехр	, Date: Name shown on card: (Please print clearly or type)								
	Sign	nature of card holder								
	PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX FOR ALL DEPOSITS:  Contact Name: Marilyn Maracic									
	Billing Address: Jones Day, 222 E. 41st Street									
	New York, NY 10017-6702									
	Phone: (212) 790-6417 Fax: (212) 869-9741									
	Do	Do you have a current ATCC account number?								
	50	If Yes: ATCC Account Number = 178147								
		If No: To apply for an account with ATCC, please complete a New Account Application located on our Web site (www.atcc.org) and return it with supporting documentation to ATCC for approval.								

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Fax: (703) E-mail: Pa	) 365-2745 stentDeposit@atcc.org					
BEFORE SHIPPIN	G, PLEASE CONTACT T	THE ATCC PATEN	T DEPOSITORY	FOR SHIPMENT	FADVICE:	
PING INFORMATION	<b>果实在验证实现的事情情况与我们能够实验在必须使免疫的证据。</b>	ERENAGEROUC			•	
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whichever is longer specified, it is my r	years after the date of ( r), and that if a culture s esponsibility to replace hids, embryos, and seed	it with a living c	liture of the san sibility to suppl	re organism or o y a sufficient qu	antity for distribution fo	or the
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Form No. PTF001.00, effective 4/8/03

Page 3 of 3